



2011

Annual Review of Treatment Effectiveness

TEXAS JUVENILE
JUSTICE DEPARTMENT

Texas Juvenile Justice Department
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REVIEW OF AGENCY TREATMENT EFFECTIVENESS
DECEMBER 31, 2011

Texas Juvenile Justice Department

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EXECUTIVE SUMMARY

On December 1, 2011, the Texas Youth Commission (TYC) and the Texas Juvenile Probation Commission (TJPC) were abolished and a new agency, the Texas Juvenile Justice Department (TJJD), was created as required by Senate Bill 653 (82nd Legislature, Regular Session 2011). This reform formalized a comprehensive continuum of services for Texas juvenile offenders at the state level that will work in partnership with local government and community agencies. The statutory goal of the new Texas Juvenile Justice Department is to establish a cost-effective continuum of youth services that emphasizes keeping youth in their home communities while balancing the interests of rehabilitative needs with public safety.

The Texas Human Resources Code, Section 242.002(a), requires TJJD to review annually the effectiveness of its programs for the rehabilitation and reestablishment in society of youth committed to its care. This review must include programs for sex offenders, capital and serious violent offenders, chemically dependent youth, youth with mental health needs, and female youth. The agency is required to report on the effectiveness of these programs to the Legislative Budget Board by December 31st of each year. While the report is issued by the Texas Juvenile Justice Department, this year's report reviews agency treatment programs operated by the former Texas Youth Commission during FY 2011 and which are now TJJD programs.

FY 2011 Improvements. Several therapeutic interventions were initiated or refined during FY 2011. Changes in agency policy provided greater flexibility to use medium restriction facilities for initial placements and for step-down services without compromising public safety. To expand the availability of placement options in less restrictive settings, TYC contracted with residential providers for services including vocational trade, therapeutic foster care, residential treatment services, gender-specific care (young male offenders and mother-baby), and therapeutic group-living care. Several of these contractors expanded their programming during this fiscal year to include Aggression Replacement Training® and alcohol and other drug treatment.

TYC also expanded the availability of specialized treatment programs in a variety of locations, including medium restriction residential facilities. As a result, the median number of days between admission to TYC and entrance into a specialized treatment program was markedly reduced for all services. Additionally, TYC provided home-based services to youth and their families in preparation for successful reunification. Evidence-based Functional Family Therapy® began in FY 2011. Other evidence-based family reunification strategies (Parenting with Love and Limits®, Nurturing Parenting Programming, Systematic Training for Effective Parenting (STEP), and Multi-Systemic Therapy®) are being implemented in FY 2012.

Youth Characteristics. A youth's likelihood of recidivating is influenced by a number of factors detailed in this report. Static risk factors, which cannot be changed, may increase or decrease a youth's probability of returning to the criminal justice system. One example is that data indicate that youth with six or more prior referrals (or offense dates) or four or more adjudications are re-

arrested at higher rates. Youth with low severity committing offenses and youth who test below grade level for reading at intake are also re-arrested at higher rates. Males are more likely to be re-arrested for a violent offense, felony, or misdemeanor than females, as are youth who are on probation at the time of their committing offense. Youth who were between the ages of 10 and 15 at the time of release from TJJD, youth with four or more felony or misdemeanor offenses, and youth with a need for special education demonstrated higher rates of re-incarceration. In contrast, dynamic risk factors may be changed with intervention. The agency's rehabilitation programs focus on identification of those dynamic factors and target treatment to enhance positive youth outcomes.

Outcomes. This report describes outcomes related to education and specialized treatment, changes in a youth's risk factors or protective factors, and traditional measures of juvenile justice systems such as re-arrest and re-incarceration. The report includes several major findings regarding the effectiveness of TJJD treatment programs:

- Youth experienced improvements in education outcomes from FY 2010 to FY 2011. Increases are demonstrated in the percent of youth age 16 or older who earned a high school diploma or GED within 90 days of release from a TYC institution, the percent of youth reading at grade level at the time of their release, and the rate of industrial certifications issued as a percent of youth enrolled in career technology courses.
- Youth who increased protective factors such as "current attitude and behavior," "skills in dealing with others," or "current mental health" were less likely to be re-incarcerated than other youth. Similarly, youth who decreased their risk factors related to "current aggression," "current attitude or behavior," or "current mental health" were less likely to be re-arrested than other youth. Further information regarding how these factors increase or decrease will be detailed in the report.
- 60% of youth in the sample increased their protective factor related to "alcohol and other drugs" and were less likely to be re-arrested for a violent offense than youth who did not increase their protective factors in this area. Youth who decreased their risk factor in this area were also less likely to be re-incarcerated.
- Youth who received high intensity mental health treatment combined with individual psychological services were less likely to be re-arrested for any offense, re-arrested for a violent offense, or re-incarcerated than youth who participated in only one program. Similarly, youth who received mental health treatment combined with alcohol or other drug treatment (high or moderate intensity) were re-arrested at lower than predicted rates.
- Data indicate that youth who engage in sexual behavior treatment as prescribed and successfully complete the high intensity or moderate intensity program are less likely to be re-arrested for any offense, re-arrested for a violent offense, or re-incarcerated. Youth who fail to successfully complete the moderate intensity program recidivate at a rate that is higher than expected.

- While overall recidivism rates have not yet achieved the desired level for youth who participate in Aggression Replacement Training® (ART®), interim measures support the program's potential. Youth completing ART® had a 28.7% reduction in security unit referrals and a 21.96% reduction in security unit admissions. Youth participating in the ART® program showed an increase in the protective factor relating to aggression and a decrease in risk surrounding current relationships and school/academics as measured on the Residential Positive Achievement Change Tool (RPACT). Youth who attend ART® demonstrate significant overall improvements in the reduction of aggressive behavior while in TJJD facilities.
- Data sampled from a 5-year cohort of youth indicate that youth who were mentored were more likely to read at grade level upon release, more likely to obtain their GED or high school diploma within 90 days of release, less likely to be re-arrested within one year of release, and less likely to be re-incarcerated within 3 years of release.
- At the orientation and assessment units, 100% of youth had case plans completed. At all other placements, 76% of youth were provided with the total number of required updates to their individual case plans.

Conclusion. The results of the FY 2011 treatment effectiveness review provide a solid foundation and a rich baseline data set for future comparisons of youth outcomes. The results will also guide service enhancements, ongoing evaluations of program effectiveness, and decision-making in the upcoming year. These data substantiate that the agency made strides in providing a thoughtful, intentional, and integrated treatment program for a complex, dynamic child with multiple needs. Areas of challenge for the agency remain which demand continued improvement.

As the agency continues implementing significant reforms to strengthen the juvenile justice system, including continued improvements in the effectiveness of rehabilitation programs, specific initiatives are underway in FY 2012 to address programmatic weaknesses identified in this report. In brief, the agency will focus on measuring relevant processes and providing measurement feedback to improve fidelity of program implementation, continue to increase targeted interventions to match youth needs, and implement initiatives to enhance supports in natural communities.

Creation of the Texas Juvenile Justice Department

This report is written from the perspective of the former Texas Youth Commission (TYC), whose mission was *“to promote public safety by operating juvenile correctional facilities and by partnering with youth, families, and communities to provide a safe and secure environment where youth in the agency’s care and custody receive individualized education, treatment, life skills and employment training and positive role models to facilitate successful community reintegration.”* This mission statement reflects the philosophy of the agency’s rehabilitative strategy, CoNEXTions®, a model of integrated treatment which addresses treating the “whole child”, a concept discussed in the FY 2010 treatment effectiveness report.

On December 1, 2011, the Texas Youth Commission and the Texas Juvenile Probation Commission were abolished and a new agency, the Texas Juvenile Justice Department (TJJD), was created as required by a new state law in 2011, Senate Bill 653. This reform formalized a comprehensive continuum of services for Texas juvenile offenders at the state level working in partnership with local government and community agencies. The purpose of the new agency as defined in Senate Bill 653 is to “produce positive outcomes for youth, families, and communities.”

INTRODUCTION

Approach to FY 2011 Treatment Effectiveness Report

Texas Human Resources Code, Section 242.002(a), mandates that TJJD “*shall annually review the effectiveness of the department’s programs for the rehabilitation and reestablishment in society of children committed to the department, including programs for sex offenders, capital offenders, children who are chemically dependent, emotionally disturbed children, and females.*”

Prior to FY 2010, the agency focused the annual Treatment Effectiveness Report solely on an analysis of recidivism rates for youth who had participated in the various specialized treatment programs. The FY 2010 annual review was the first to include outcome data related to educational, medical, general rehabilitation, specialized treatment, re-entry, and parole services. The inclusion of additional data supports TJJD’s belief in the “whole child” approach, which acknowledges that each youth requires individualized attention and intervention for a broad spectrum of needs. This approach also acknowledges that successful youth outcomes depend not only on participation in specialized treatment programming, but also on educational and vocational achievements, good health and hygiene, life skills, thoughtful planning for transition, and continued care and involvement with the youth and family once released.

A significant addition to last year’s report was a review of new and revised programs and the introduction of intermediate treatment effectiveness measures such as changes in risk and protective factors, educational achievement, reading and math gains, and vocational certifications. These measures are critical for assessing whether the implementation of new programs is producing positive youth outcomes, which will ultimately translate into reduced recidivism.

The focus of the FY 2011 report is to evaluate the current effectiveness of the CoNEXTions[®] rehabilitative strategy, using both recidivism measures and intermediate treatment effectiveness measures. Given the increasing complexity of youth committed to TJJD and the emphasis on the whole-child approach, it is important to review the impact of the receipt of multiple interventions on intermediate measures and on recidivism.

In FY 2011, the agency released to parole or discharged a total of 2178 youth, each of whom received services under the CoNEXTions[®] rehabilitation strategy. These services include not only treatment programs, but also education, vocational training, medical care, skills building programs, case management with service continuity, family involvement, community re-entry planning, and re-integration assistance. Of these 2178 youth, 938 received one or more specialized treatment services to address needs for mental health (317), sexual behavior (210), violent behavior (177), or alcohol and other drugs (412).

For most of FY 2011, the agency operated 10 secure institutions and nine halfway houses as well as multiple residential contract programs for specialized needs. During the last three months of

the year, the agency closed three secure institutions and consolidated the operations of two secure facilities. These changes were necessary in response to significantly reduced populations resulting from previous statutory reforms and anticipated funding reductions effective on September 1, 2011.

For the purposes of this report, unless otherwise noted, the analysis of treatment effectiveness is based upon 875 youth committed to the agency since implementation of the CoNEXTions[®] program on February 1, 2009, and released from a residential facility to parole or discharged by the agency prior to January 1, 2011. The analysis excludes sentenced offenders who were transferred to the Texas Department of Criminal Justice - Institution Division (TDCJ-ID). The reason for this approach is to report outcomes for youth who *only* received treatment under the CoNEXTions[®] model and who were in the community for at least 6 months prior to the initiation of data gathering for this report.

Review of Prior Findings

In conjunction with national best practices in the area of juvenile justice, major findings from FY 2010's report led to the program focus for FY 2011. Those findings included:

- Data support that the CoNEXTions[®] strategy is consistently moving youth in the right direction toward positive outcomes. FY 2010 data shows that youth starting treatment under CoNEXTions[®] did better than youth treated under the reform period on every general measure of recidivism noted. In this report, we will provide updated information on the implementation of the CoNEXTions[®] strategy and on intermediate measures of youth success and in youth recidivism.
- Data support that youth who successfully completed a high intensity Mental Health Treatment Program (MHTP) demonstrated a significant reduction in risk for re-arrest and re-incarceration after statistically controlling for the types of youth served. The difference for re-arrest for a violent offense was not statistically significant, though it did point in the direction of lowered recidivism rates. In FY 2011, TYC expanded evidence-based programs and services within the MHTP to address the complexity of youth needs within that program. This report will contain information and outcomes related to those expanded programs and services.
- Data support that youth who completed the high intensity Sexual Behavior Treatment Program (SBTP) or Capital and Serious Violent Offender Treatment Program (C&SVOTP) demonstrated significant reductions in risk for re-arrest after statistically controlling for the types of youth served. Differences between re-arrest for a violent offense and re-incarceration were not statistically significant, though both were in the direction of lowered recidivism rates. In this report, we will again look at the high and moderate intensity programs in these areas.
- Moderate intensity services were subject to their first review during FY 2010. Most of these programs were new, beginning in September 2009 or after, and had graduated only a few youth to parole and community placement. In FY 2011, programs for moderate intensity Alcohol and Other Drug Treatment (AOD) and Aggression Replacement Training (ART[®]) were expanded. Outcomes of those programs will be a focus of this report.

In addition to analyzing internal outcome data, the agency performs reviews of existing research regarding national best practices in juvenile justice to inform our program development initiatives and ensure CoNEXTions® remains founded on evidence-based practices.

Evidence-Based Principles

In FY 2010, TYC introduced CoNEXTions® which is based, in part, on the Risk-Needs-Responsivity (RNR) Model, published in 1990 by Andrews, Zinger, Hoge, Bonta, Gendreau, and Cullen. In brief, this model requires providers to target and serve high risk youth and match services to the assessed need in a way that is responsive to the youth's characteristics. Studies indicate successful interventions focus on high risk offenders, target specific criminogenic needs, utilize cognitive and behavioral models for treatment intervention, demonstrate faithful implementation of program design, and maintain program integrity (Lowenkamp and Latessa, 2005).



In 2010, TYC concluded the first major process review of the CoNEXTions® program. This review allowed the agency to obtain a measure of the daily processes and practices at each facility relevant to CoNEXTions® implementation. The information gained from the review was still under analysis when the treatment effectiveness report for FY 2010 was completed. The final results are included in the outcomes section of this year's report, and they indicate the extent to which components of the CoNEXTions® program are consistently implemented.

CoNEXTions® is further supported by research regarding effective treatment interventions for juvenile and adult corrections. While details of evidence-based practices in corrections abound, the focus for treatment should be on how these practices combine to create the most effective overall model for addressing the varied needs of youth in the juvenile justice system. The hallmarks of effective juvenile justice programs can best be explained by a review of the following eight principles of evidence-based practices [Bourgon and Armstrong (2005), Serin and Crime and Justice Institute (2005), and Crime and Justice Institute at Community Resources for Justice (2009)]:

1. **Assess Risk and Needs:** Effective programs develop a system of risk screening and needs assessment, utilizing screening and assessment tools that focus on dynamic and static risk factors, and have been validated with similar populations. Using objective assessments to inform treatment planning decisions has been proven to provide better outcomes.
2. **Enhance Intrinsic Motivation:** Staff should interact with youth in sensitive and constructive ways to increase internal motivation for change. Research shows that Motivational Interviewing techniques, rather than persuasion, effectively increase motivation for youth to initiate and maintain behavioral change.

3. Target Intervention (risk, need, responsivity, dosage, treatment principles): The most effective programs focus treatment resources on those who are at the highest risk to re-offend, target treatment interventions on dynamic risk factors identified through validated assessment tools, consider the strengths and limitations of youth and treatment providers when constructing program plans, provide appropriate length and intensity of treatment and use proven treatment interventions – particularly cognitive-based behavioral therapy programs.
4. Skill Train with Directed Practice: The best programs not only teach new skills to youth, but provide opportunities for youth to practice the skills and receive feedback on a regular basis. This allows positive skills to become a part of the young person's regular behavioral pattern.
5. Increase Positive Reinforcement: Research indicates that all human beings learn better and maintain behavior for longer periods of time when the behavior is positively reinforced. Effective programs provide at least four positive reinforcements for every negative consequence imposed because of a youth's behavior.
6. Engage Ongoing Support in Natural Communities: Finding support for a child in his home community involves recruiting family members, friends, and other supportive individuals or groups to positively reinforce, and therefore maintain, desired new behaviors once the child returns home. The best programs actively engage in building these pro-social supports for youth.
7. Measure Relevant Processes and Practices: Accurate and detailed documentation of case information and valid measurement of outcomes is critical to program effectiveness. To be most effective, agencies should routinely measure youth recidivism rates, program progress of individual youth, and staff performance and use the resulting data to analyze program progress and needed changes.
8. Provide Measurement Feedback: Information gained from measuring processes and practices should be used to monitor change. Providing feedback to youth regarding their progress builds accountability, increases motivation to change and improves outcomes. Similarly, analyzing results of performance audits and case reviews improves agency outcomes.

"Not every young person is lucky enough to enjoy the support of a functional family or social network, and many depend on the state in some capacity to help develop the skills necessary for achieving professional success and personal stability"

(Altschuler, 2009)

Research on offender populations has become more prolific in the past decade, leading to a large body of literature that details program approaches proven to be effective in reducing recidivism. As it undertook reform, TYC designed its CoNEXTions[®] rehabilitative strategy to be founded on evidence-based principles and to include evidence-based programs and services. As a result of this comprehensive effort, the agency today has a treatment strategy that incorporates all of the principles described above and utilizes many curricula and treatment approaches identified as evidence-based (see chart below).

In fiscal year 2011, the agency focused on further developing and strengthening its integrated treatment initiatives to more effectively address the multiple and complex needs of the youth and families served by the agency. In FY 2011, the agency also made policy changes to allow youth to move through the system more efficiently -- to the least restrictive program setting able to meet the youth's individual treatment needs while protecting public safety.

Application of Evidence Based Principles

By utilizing validated assessments, the agency is able to better understand and provide effective treatment, rehabilitation, and support for all aspects of a child's life, not just criminogenic factors. Focusing on the whole child requires partnering with youth and families to determine treatment objectives, understand what performance measures mean in terms of daily functioning, and set up community reintegration plans that identify local community supports for both the family and the child. As youth and their family members learn and gain increased competence in new skills, positive reinforcement measures that are originally initiated by the CoNEXTions[®] rehabilitative strategy become the intrinsic motivation that comes from feeling successful and empowered to address life challenges effectively. The expansion of evidence-based programs and incorporation of evidence-based principles is described further in the program focus section of this report.

Evidence-Based Programs used by TYC in FY 2011:

- 1. Aggression Replacement Training[®]**
- 2. Functional Family Therapy[®]**
- 3. Girls Circle**
- 4. Living in Balance**
- 5. Motivational Interviewing**
- 6. Seeking Safety**
- 7. Trauma-Focused Cognitive Behavioral Therapy**

Evidence-Based Programs in Development for FY 2012:

- 1. Nurturing Parenting Program**
- 2. Parenting with Love and Limits (PLL)**
- 3. Systematic Training for Effective Parenting (STEP)**

Sources:

US Department of Justice – Office of Juvenile Justice Programs: Model Programs Guide;

University of Colorado at Boulder – Center for the Study of Prevention of Violence: Blueprints for Violence Prevention; and

Substance Abuse Mental Health Services Administration's National Registry of Evidence-Based Programs and Practices.

Positive Youth Development

The integrated treatment approach focuses on positive youth development and the social bonds that are critical to long-term success as adolescents transition into adulthood. A growing body of research shows that the most effective programs are focused on a person's abilities rather than deficits (Benson et al, 2004). Strength-based approaches help youth to enhance basic competencies they already have and develop new competencies to build all the skills needed for a full, well-rounded life as they transition into adulthood. Focusing on positive youth development requires the agency to employ programs that are culturally competent and to support healthy development for both girls and boys of diverse ethnic, cultural, and personal lifestyle backgrounds. It requires a focus on developing interpersonal skills and strong family, friend, and other supportive adult bonds that are the foundation of every person's support network. Studies indicate that most people will be "connected by age 25" (Wald and Martinez, 2003). This phrase is widely used to indicate the social bonds with families, friends, and relationships with community, educational, and vocational resources that all young people need to make a successful transition to adulthood.

The agency's integrated treatment approach helps youth focus on developing these critical supports as they plan for successful re-entry into their home communities. CoNEXTions[®] offers opportunities for youth to engage in positive interactions with staff, mentors, family members, and each other to build connectedness and competency. The agency believes that the integrated treatment approach, founded on evidence-based practices, is critical to producing positive outcomes for youth in our system. With these guiding principles, TJJD strives to have each person in the agency take shared ownership of the whole child from beginning to end, so youth and their families may create a foundation of trust for a healthy future.

2011 PROGRAM FOCUS

During FY 2011, the agency expanded its treatment modalities and opportunities for all youth ensuring the eight principles of evidence-based practices are present. While the agency incorporates each of the eight principles in the rehabilitation and re-entry processes, FY 2011 efforts focused on three of the eight principles:

- Principle 1: Assessing risk and need
- Principle 3: Targeting interventions
- Principle 6: Ensuring ongoing support in the natural communities

Principle 1: Assessment of Risk and Needs

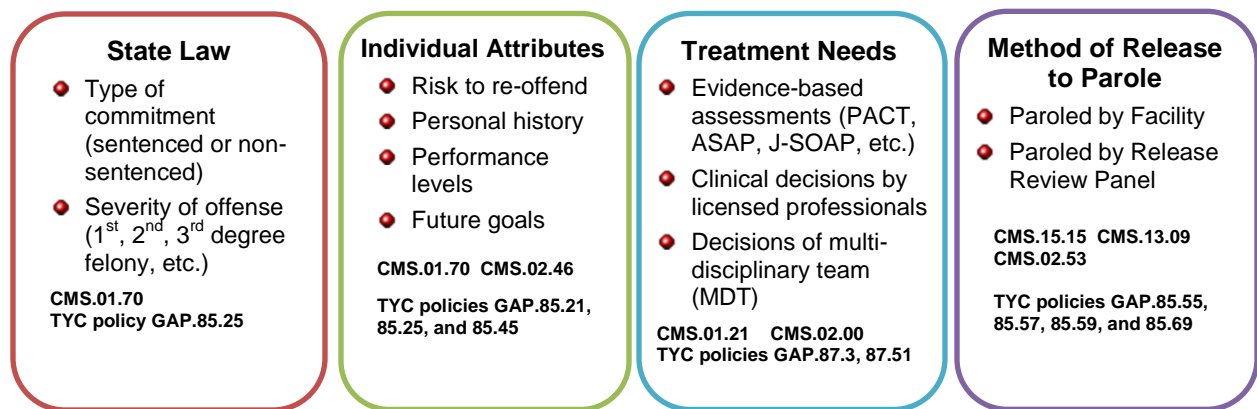
Effective programs develop a system of risk screening and needs assessment, utilizing screening and assessment tools that focus on dynamic and static risk factors, and have been validated with similar populations. Using objective assessments to inform treatment planning decisions has been proven to provide better outcomes.

When treating the whole child, an accurate assessment is critical. Using a thorough assessment process, the agency identifies the factors that contribute to delinquency and then examines and fosters what youth need to successfully transition back to their communities. Ensuring that the agency offers and youth receive appropriate interventions in the least restrictive environment aids in the successful transition of youth to their communities.

To ensure the agency meets the youth's needs, a comprehensive assessment of the youth's risks and needs occurs at intake. The assessment process identifies static and dynamic risk and protective factors for each youth as well as specific physical, emotional, and treatment needs. The assessment process includes screening and testing for the following needs: medical, educational, psychiatric, psychological, criminogenic needs, housing, classification, substance abuse, aggression, sexual behavior, cognitive development, community reintegration, and family reunification. In February 2011, the agency began screening youth for possible traumatic brain injury. The Office of Acquired Brain Injury of the Texas Health and Human Services Commission was awarded a grant in October 2009 to study traumatic brain injury. TJJD is participating in this pilot project.

Once the assessment process is completed at an Orientation and Assessment Unit, placement decisions are made utilizing a multi-disciplinary team approach. Decisions regarding youth placement and movement through the TJJD system are determined by several factors. These factors include state law, individual youth attributes and treatment needs, as well as readiness for release to parole based on program completion. In FY 2011, changes in policy provided greater flexibility to use medium restriction facilities as initial placements and to use step-down services without compromising public safety. The following chart provides information related to each factor reviewed and refers to relevant Case Management Standards and General Administrative Policies for the agency.

Decisions about how a youth moves through TJJD are based on several factors:



To expand placement options in less restrictive settings, TYC executed eleven contracts with residential providers in FY 2011. The majority of these contractors provide initial programming and step-down services in a non-secure setting. Services include vocational trade, therapeutic foster care, residential treatment programs, gender-specific care (young male offenders and mother-baby), and therapeutic group-living care. Several of these contractors expanded their programming during this fiscal year to include Aggression Replacement Training® (ART®) and alcohol and other drug (AOD) treatment. Youth served in the non-secure contract residential programs have access to the community for education, treatment, health care, and/or employment services.

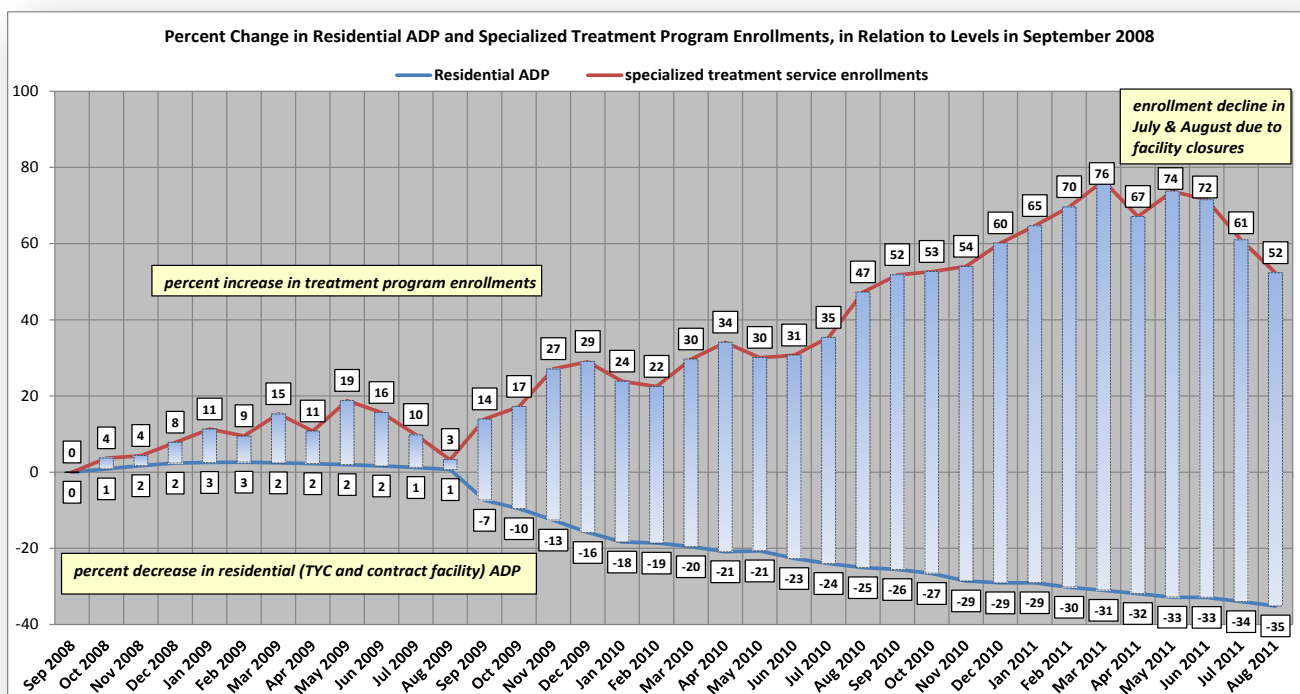
Principle 3: Targeting Interventions

The most effective programs focus treatment resources on those who are at the highest risk to re-offend, target treatment interventions on dynamic risk factors identified through validated assessment tools, consider the strengths and limitations of youth and treatment providers when constructing program plans, provide appropriate length and intensity of treatment, and use proven treatment interventions – particularly cognitive-based behavioral therapy programs.

As part of the CoNEXTions® rehabilitation strategy, the agency focuses treatment resources on the youth who are at the highest risk to reoffend, providing them with the appropriate length and intensity of treatment using proven interventions. In addition, the agency focuses on increasing staff responsiveness to individual youth needs. Staff working in a specialized treatment program receive training unique to that population. All direct care staff are trained to use motivational interviewing techniques to enhance intrinsic motivation and promote positive youth change.

While the agency's youth population decreased by 35% since September 2008, the specialized treatment enrollments increased by 52%. The following chart indicates that while the agency receives fewer youth commitments annually as compared with previous years, the majority of

these youth have at least one specialized treatment need and in many cases multiple specialized treatment needs.



In each of the specialized treatment areas, the agency has three levels of service (high, moderate, and low) designed to match the appropriate level of intensity and length of treatment to the youth's level of need. To accommodate the increase in specialized treatment needs, the agency created additional opportunities to target interventions in FY 2011 by expanding specialized treatment programs in a variety of locations to include medium restriction residential facilities.

A benefit of the expansion of specialized treatment services has been the related reduction in wait-time for admission into specialized programs. The table below demonstrates changes between FY 2008 and FY 2011. For all services, the days between admission into TYC and entrance into a specialized program were reduced. One of the most significant reductions has been in the wait-time for the intensive Capital and Serious Violent Offender Treatment Program (C&SVOTP) and Sexual Behavior Treatment Program (SBTP). In 2008, the median time between admission and program entrance for C&SVOTP was 248 days. In FY 2011, the number was reduced to just 33. For the SBTP, the median time was 184 days in FY 2008, and this was reduced to just 44 in FY 2011.

	FISCAL YEAR OF COMMITMENT								All	
	2008		2009		2010		2011			
	N	Median	N	Median	N	Median	N	Median	N	Median
		DAYS FROM COMMITMENT TO FIRST SPECIALIZED TREATMENT PROGRAM		DAYS FROM COMMITMENT TO FIRST SPECIALIZED TREATMENT PROGRAM		DAYS FROM COMMITMENT TO FIRST SPECIALIZED TREATMENT PROGRAM		DAYS FROM COMMITMENT TO FIRST SPECIALIZED TREATMENT PROGRAM		DAYS FROM COMMITMENT TO FIRST SPECIALIZED TREATMENT PROGRAM
AOD INTENSIVE	358	69	332	67	231	77	171	43	1092	64
AOD MODERATE	20	825	53	386	197	158	224	74	494	124
SBTP INTENSIVE	71	184	107	141	64	72	73	44	315	95
SBTP MODERATE	9	399	20	213	31	90	39	52	99	112
CSVOTP INTENSIVE	9	248	24	140	28	104	6	33	67	120
CSVOTP MODERATE	17	729	53	340	132	206	78	103	280	205
MHTP INTENSIVE	281	41	173	46	125	41	71	37	650	42
MHTP MODERATE	161	273	197	159	91	97	68	77	517	142
All	926	80	959	95	899	107	730	59	3514	83

MENTAL HEALTH TREATMENT PROGRAM (MHTP) AND PSYCHOLOGICAL SERVICES

TJJD operates two mental health treatment facilities: The Corsicana Residential Treatment Center and the Ron Jackson State Juvenile Corrections Complex. Program components are based on the concepts of CoNEXTions[®]. While programming is similar in structure to the general program at most TJJD facilities, it is modified to reflect the unique individual needs and abilities of the youth. Services available to youth in the MHTP include trauma resolution groups, sexual behavior treatment, chemical dependency treatment/education, Aggression Replacement Training[®], Why Try[®] for boys, Seeking Safety, individual counseling to include Trauma Focused Cognitive Behavioral Therapy, psychiatric assessment, consultation and medication management, psychological assessment, case consultation and monitoring, and mental health support groups.

Each facility has a psychology department. All professional psychology staff are either licensed or working under the supervision of a licensed clinician. Psychology staff attend Multi-Disciplinary Team (MDT) meetings to offer assistance and guidance, meet regularly with psychiatrists, provide individual and group counseling, and provide crisis counseling and intervention as needed 24 hours per day, 7 days per week. Each facility's psychology department maintains an on-call calendar so facility staff can reach a mental health professional at any time.

Trauma Focused-Cognitive Behavioral Therapy (TF-CBT) is another evidence-based practice that TJJD has incorporated into specialized treatment programming. It is one of the primary modalities for moderate intensity mental health treatment. TF-CBT teaches the adolescent skills to resolve troubling thoughts, feelings, and behaviors associated with trauma.

SEXUAL BEHAVIOR TREATMENT PROGRAMS (SBTP)

The sexual behavior programs are designed to address treatment objectives set forth by the Council on Sex Offender Treatment (CSOT). All programs are delivered by appropriately licensed professionals and supervised by a Licensed Sex Offender Treatment Provider (LSOTP). After expansion of services, five of the six secure facilities now provide moderate intensity sexual behavioral treatment. The agency is working to develop expanded capacity at the sixth facility during FY 2012.

CAPITAL AND SERIOUS VIOLENT OFFENDER TREATMENT PROGRAM (C&SVOTP)/VIOLENT OFFENDER PROGRAMS

The C&SVOTP Residential Program (high intensity program) is designed to impact emotional, social, behavioral, and cognitive developmental processes. The program integrates cognitive-behavioral, social-learning, and psychodynamic techniques to create an intense therapeutic approach that aims to reduce individual factors associated with future risk and build upon the unique strengths of the youth.

All six secure facilities, four of the nine halfway houses, three contract placements, and one parole office offer Aggression Replacement Training® (ART®) to youth identified with moderate intensity treatment needs for aggression. Facility staff may recommend any youth for ART® based on exhibited needs while in the agency's care. Treatment providers may also include low-risk youth in the programs as deemed appropriate. ART® is an evidence-based program for aggressive youth and focuses on teaching pro-social skills, reducing aggressive behaviors, and enhancing youth's moral reasoning abilities.

ALCOHOL AND OTHER DRUG TREATMENT (AOD) PROGRAMS

All programs use evidence-based strategies/curriculum in the delivery of the specialized programming and are provided by appropriately licensed clinicians. The Residential AOD Treatment Program (high intensity program) is designed for youth who have the most significant need. Following expansion in FY 2011, the moderate intensity AOD program is being offered at all secure facilities, five of the nine halfway houses, and three contract placements. The evidence-based curriculum used is Living in Balance.

FEMALE OFFENDER PROGRAM

TYC expanded services in FY 2011 to better respond to the unique needs of adolescent girls. All general and specialized treatment services have been evaluated and modified, as necessary, to ensure gender responsiveness. These services include: Alcohol or Other Drugs, Sexual Behavior Treatment, Capital and Serious Violent Offender Treatment, Trauma Focused-Cognitive Behavioral Therapy, Aggression Replacement Training®, Trauma Resolution groups, Pairing Achievement with Service (PAWS), and Girls Circle. The Girls Circle, an evidence-based program, is a structured support group that focuses discussion on gender-specific topics designed to promote resiliency and self-esteem. Using canines from the local animal shelter, PAWS teaches empathy and responsibility and

supports the community by providing a well-trained dog to a new owner. Female offenders have access to all needed specialized treatments, provided by appropriately licensed clinicians or trained staff.

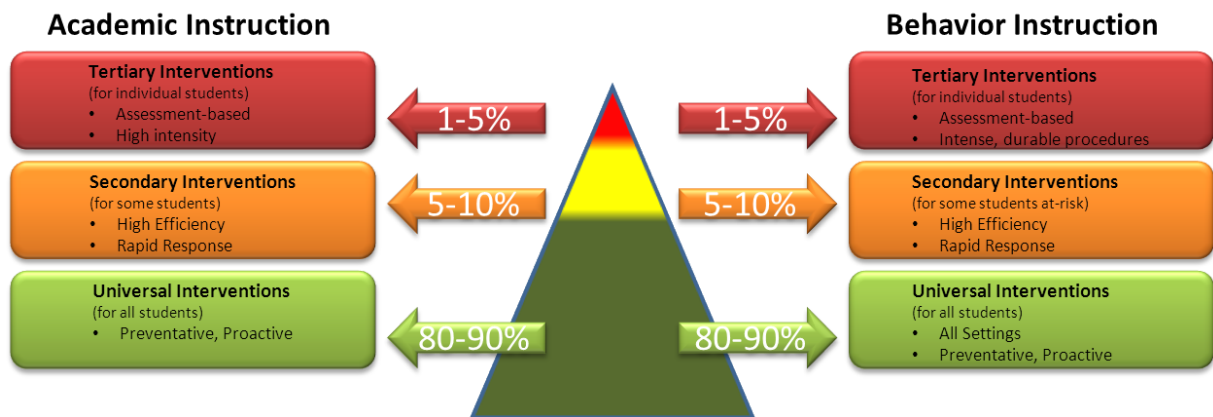
EDUCATIONAL PROGRAM FOCUS

All youth participate in an education program based on their needs and skill level. TJJD is authorized to award diplomas, and typically graduates students under the state's minimum graduation plan, although the agency can sustain recommended or advanced graduation plans as appropriate for students. Youth with disabilities may graduate under an individualized education plan.

In support of and in parallel with correlates of effective schools, Response to Intervention (RtI) and Positive Behavioral Interventions and Supports (PBIS) have emerged as sweeping movements across the nation's primary and secondary education systems. RtI is defined as "the practice of providing high-quality instruction and interventions matched to student need, monitoring progress frequently to make decisions about changes in instruction or goals, and applying child response data to important educational decisions" (Batsche et al., 2005). The design and implementation of PBIS was a program focus in FY 2011 and fulfills a requirement for positive behavior supports in agency-operated schools by the Texas Education Code, Chapter 30, Subchapter E.

Both RtI and PBIS use data-based systems to identify non-responders to multi-level interventions of academic and behavioral supports. Each then strives to match the level of service needed for individual youth to be successful. Significant efforts in learning to match levels of intervention to the needs presented by students with fidelity are being made at agency schools.

DESIGNING SCHOOL-WIDE SYSTEMS FOR STUDENT SUCCESS



MEDICAL SERVICES

Using the integrated treatment approach and treating the whole child includes ensuring each youth is in good health. The University of Texas Medical Branch – Correctional Managed Care (UTMB-CMC) provides comprehensive medical, dental, and psychiatric care to youth at all agency-operated secure facilities and halfway houses. While primary care is provided on-site, telemedicine and telepsychiatry are used to provide access and continuity of health care whenever it is efficient and cost-effective.

The agency's medical division, under the leadership of the medical and nursing directors, collaborates in planning for comprehensive health care delivery and oversight. Efforts in FY 2010 to improve program outcomes included the establishment of utilization review groups to ensure effective and timely delivery of medical services. It has resulted in improved access to quality care and a reduction in cost.

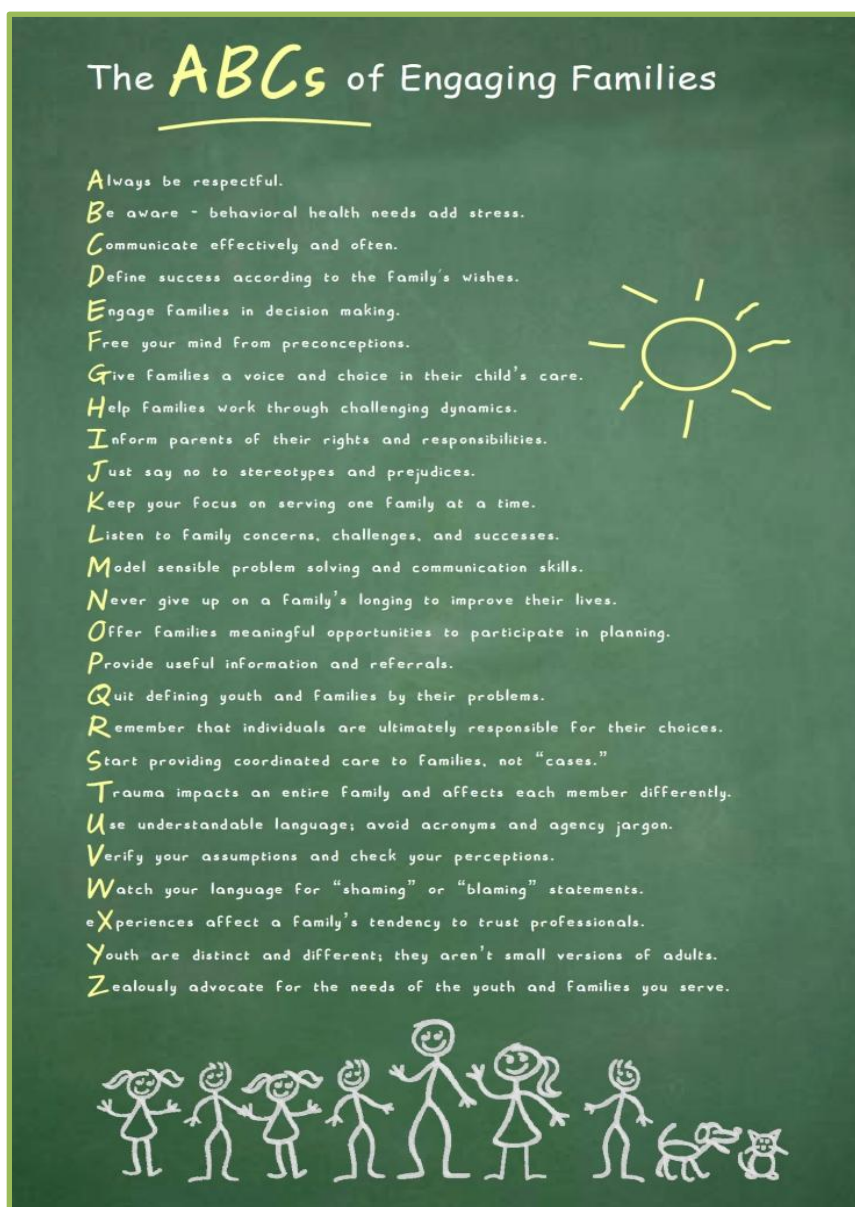
Improved communication between psychiatry and psychology staff and the joint use of the electronic medical record system to document youth encounters has greatly enhanced mental health service integration and coordination across all agency-operated facilities. Procedures designed to elicit feedback from case management and education staff have further promoted mental health treatment integration and individualized care.

Principle 6: Ongoing Support in Natural Communities

Finding support for a child in his or her home community involves recruiting family members, friends, and other supportive individuals or groups to positively reinforce, and therefore maintain, desired new behaviors once the child returns home. The best programs actively engage in building these pro-social supports for youth.

In June 2010, TYC released "Cultivating Success: The Re-entry and Reintegration of TYC Youth" as a guide to best practices for community re-entry and has since continued to make successful re-entry initiatives a focus for the agency. To provide ongoing community supports for youth, the agency has focused on continuity of care, family engagement, mentor recruitment, and enhanced service provision.

To engage support in a youth's home community, the agency uses the multi-disciplinary team (MDT). The involvement of the youth, family, case manager, parole officer, and other significant community supports including doctors, mentors,



community groups, and faith-based organizations are imperative to a successful re-entry plan for a youth. TJJD ensures that the MDT meetings occur on a monthly basis to increase the opportunities for an effective transition. The chart provided in Appendix A outlines the movement process and the re-entry planning activities for each timeframe.

Research has shown that family involvement has a positive correlation with successful community re-entry. Family dynamics change when a youth is removed from the home. These changes must be addressed with the youth and family prior to his or her return. The agency has made efforts to move from family-informed care to family-involved care. The agency provides home-based services to the youth and their families in preparation for successful reunification. To further this goal, evidence-based Functional Family Therapy[®] began in FY 2011. Parenting with Love and Limits[®] (PLL), Nurturing Parenting Programming, Systematic Training for Effective Parenting (STEP), and Multi-Systemic Therapy[®] are being implemented in FY 2012.

Volunteers and mentors are a vital means of connecting youth to their larger communities and the mutual support networks available. The agency defines the goal of mentoring as developing a trusting, supportive relationship between a mature adult and a carefully matched youth in which the youth is encouraged to reach his/her potential, discover his/her strengths, and develop self-confidence. Matches are carefully made based upon gender, age, language requirements, availability, needs and strengths, shared interests, life experiences, and preferences of mentor and mentee. Mentors make a six-month minimum commitment and agree to personal visits with their mentee for 4-8 hours each month. During FY 2011, 280 new mentor matches were established, and 12.5% of youth in institutions, 10.3% of youth in halfway houses, and 4.5% of youth on parole received mentoring services. Mentors spent 10,785 hours in face-to-face meetings with TJJD youth, valued at an estimated \$126,511.

Mentoring is just one of the roles for the agency's community volunteers. Volunteers are also engaged in tutoring, religious services, advocacy and resource councils, internships, special events, and a variety of other projects and programs. During FY 2011, more than 1,700 community volunteers contributed 88,691 hours of service with TYC youth.

TYC pursued and was awarded two grants related to community re-entry to cultivate ongoing support in natural communities: GitRedy in Harris County and CARE in Bexar County.



Gang Intervention Treatment:
Re-Entry Development for Youth

The GitRedy project provides culturally competent, family focused re-entry services, using early identification, a tiered model of youth-specific treatment and intensity, and evidence-based treatment services. The target population is 246 gang-involved youth ages 13 to 19 returning to Harris County from a TJJD residential setting. A second year of funding was awarded by the Office of Juvenile Justice

and Delinquency Prevention (OJJDP) to TYC in September 2011. The program provides intensive therapeutic case management, ongoing gang education and intervention, tattoo removal, Functional Family Therapy, and Aggression Replacement Training®.

CARE is a collaborative partnership between Texas Juvenile Justice Department, Bexar County Juvenile Probation, and Baptist Children's Family Services. The target population is 450 youth ages 11 to 19 returning to Bexar County from any correctional residential placement. A second year of funding was awarded to TYC in June 2011 through the Department of Labor (DOL). This project provides one-stop re-entry support services, including:

- Employment Strategies
- Case Management
- Educational Strategies
- Mentoring
- Restorative Justice
- Community-Wide Violence Reduction Efforts

Children's Aftercare Re-entry Experience



YOUTH CHARACTERISTICS

Many youth in the care of TJJD have characteristics which are highly correlated with the probability of future criminal behavior and are atypical of the general adolescent population. Most of these characteristics are static factors and cannot be changed. Examples of static risk factors are prior juvenile justice history, prior placements, IQ scores, and history of abuse and neglect. Dynamic risk factors, however, can be addressed through a variety of individualized treatment interventions. Dynamic risk factors include education, skill levels, and relationships with peers and family.

Youth have multiple and complex issues

TYC's overall population declined from over 3,000 in October 2010 to under 2,500 in October 2011. Approximately 76% of the youth committed to the agency are between 15 and 17 years of age. A large majority of these youth have multiple co-existing risk factors, or characteristics, that often require specialized treatment interventions. Of the analysis population, 89% have at least one specialized treatment or special education need. Almost half of the youth (49%) have two or more high or moderate intensity specialized treatment or special education needs, and 15% have three or more needs. (see Appendix B) Fewer than 100 youth in the analysis population (11%) required no specialized treatment or special education services. Youth with high severity committing offenses represented only 5% of the total commitments in the analysis population. The

majority (95%) of the analysis population was comprised of youth with low/moderate severity offenses.

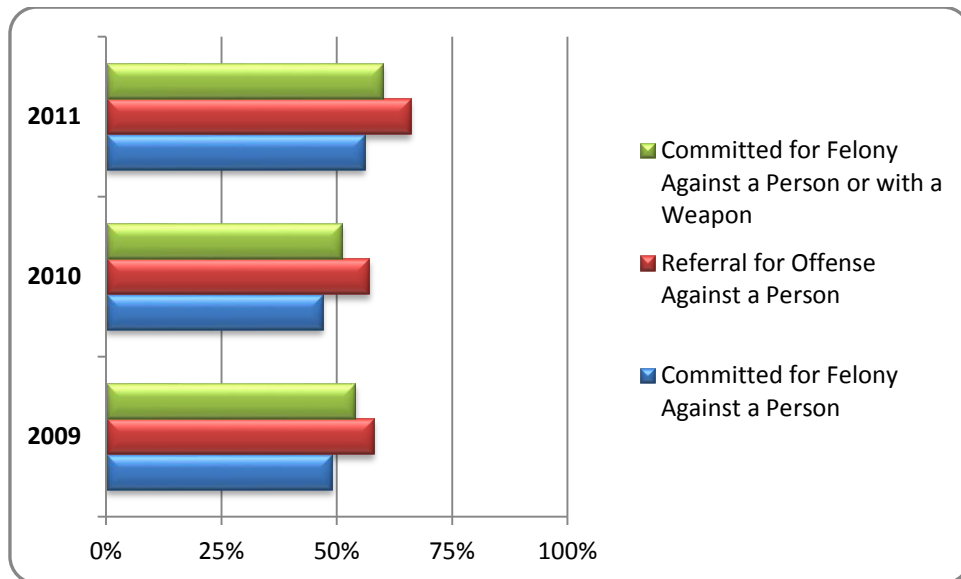
PROFILE OF TJJD COMMITMENT

Descriptor	FY 2011
Felony Offense	100%
Offense Dates for Felony or Misdemeanor (3 or more)	71%
Adjudications for Felony or Misdemeanor (2 or more)	68%
MLOS Risk Levels	
Low	40%
Moderate	56%
High	5%
Severity	
Low	39%
Moderate	39%
High	12%
Sentenced	9%
Sex (M/F)	89%/11%
IQ Less Than 100	83%
Parent Unmarried, Divorced, Separated or at least 1 deceased	84%
Committing County	
Bexar	9%
Harris	10%
Dallas	12%
On Probation at Commitment	75%
Prior Out of Home Placement	62%
Family History of Criminal Involvement	43%
Chemically Dependent	51%
Known Gang Member	44%
History of Abuse or Neglect	38%
Serious Mental Health Diagnosis	45%
Special Education Eligible	35.4%
Median Reading Achievement Behind	4.5 years
Median Math Achievement Behind	5.0 years

During FY 2011, the median reading level for youth at intake was 6th grade, 2nd month, which is 4.5 grade levels behind that expected for their same-age peers. The median math level at intake was 5th grade, 7th month, which is 5.0 grade levels behind that expected for their same-age peers. The special needs of TJJD youth are also different compared to public school populations. In public schools, typically 8-10% of students require special education services. In TJJD, that figure almost quadruples to 35.4%. All TJJD schools must be able to address the instructional needs of this span of grade levels, ages, and functioning levels.

Trend Toward Increase in Violence

As shown by the table below, new youth commitments for felonies against a person or with a weapon and referrals for any offense against a person increased in 2011. However, for the analysis population (youth committed on or after February 1, 2009 and released on or before January 1, 2011), the percentages of youth adjudicated for a felony offense against a person or with a weapon was comparatively low. If this trend toward increased violence continues, we could see the need for additional resources to deal with the increase and for additional resources to be applied to prevention of violence. Though it may be too early for any empirical conclusions, it would seem that the direction toward trauma-focused counseling is having the greatest impact and may curb the return to the juvenile/adult systems for violent offenses.

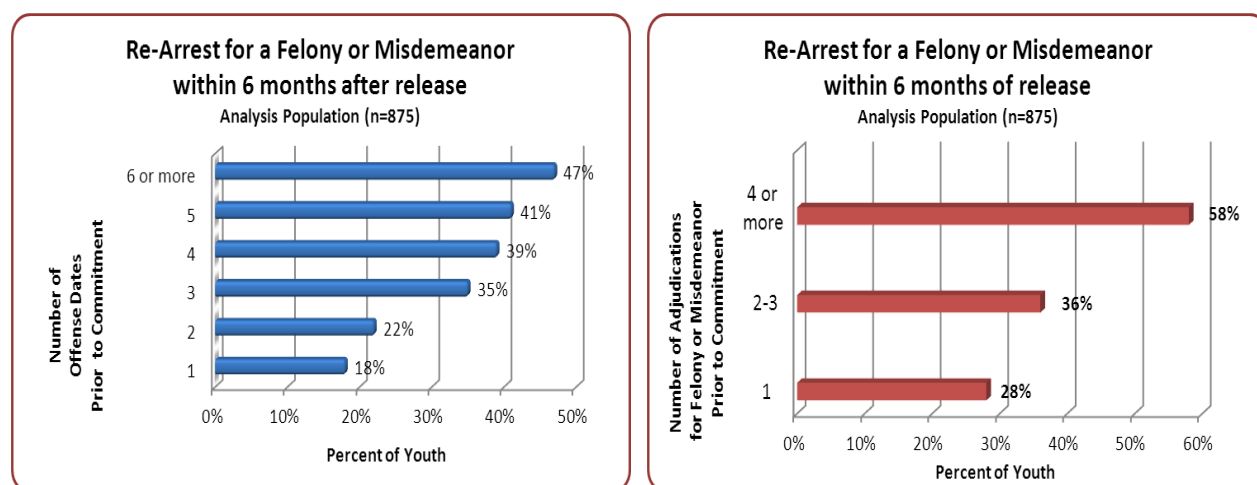


Recidivism Predictors

Youth population characteristics have an impact on outcomes once youth are released. As the charts below show, the static risk factors of youth committed to TYC dramatically increased the recidivism risk upon return to the community. Recidivism is measured in three ways: re-arrest for any offense (felony or misdemeanor), re-arrest for a violent offense, and re-incarceration. The top predictors for each of the recidivism measures is described below.

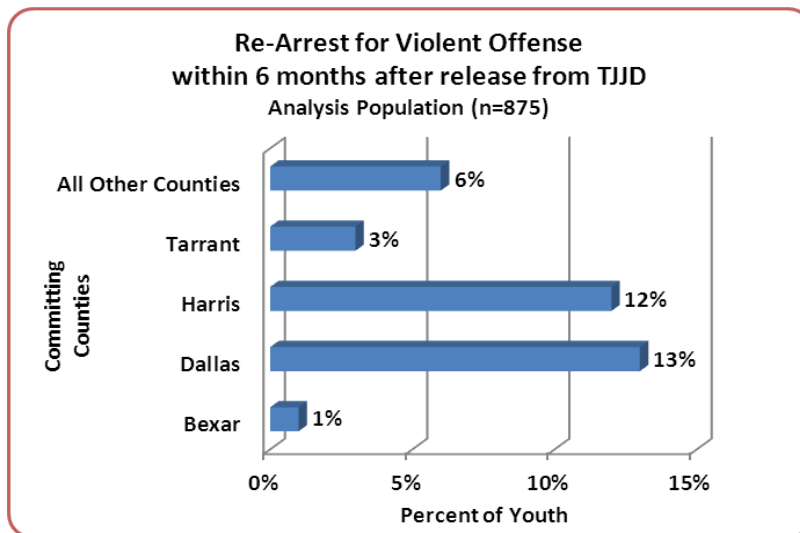
RE-ARREST FOR FELONY OR MISDEMEANOR OFFENSE

An analysis of the data for re-arrest for felony or misdemeanor found gender and prior involvement with the juvenile justice system to be significantly related to increased risk. Within six months of release from TYC, 47% of youth who had six or more offense dates prior to commitment to TYC were re-arrested for a felony or misdemeanor. In contrast, only 18% of the youth referred for one offense prior to commitment were re-arrested for a felony or misdemeanor. Fifty eight percent of youth with four or more adjudications prior to commitment to TYC were re-arrested for a felony or misdemeanor, compared to 28% of youth with only one adjudication. As in previous years, males were more likely to be re-arrested than females; 39% of male offenders were re-arrested for a felony or misdemeanor offense compared with only 10% of females. Overall, the re-arrest rate for a felony or misdemeanor offense was 36%.



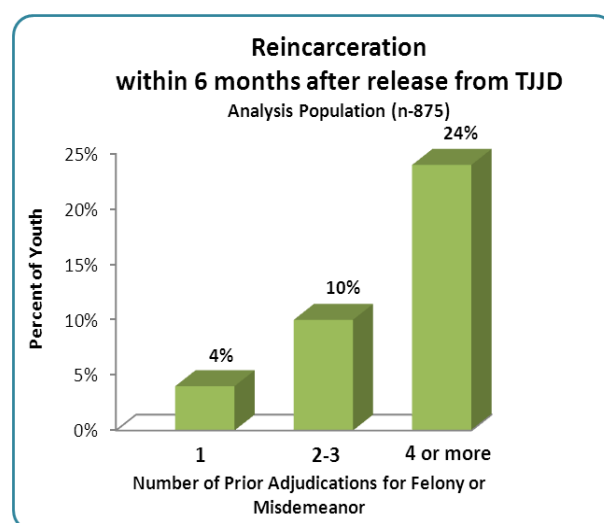
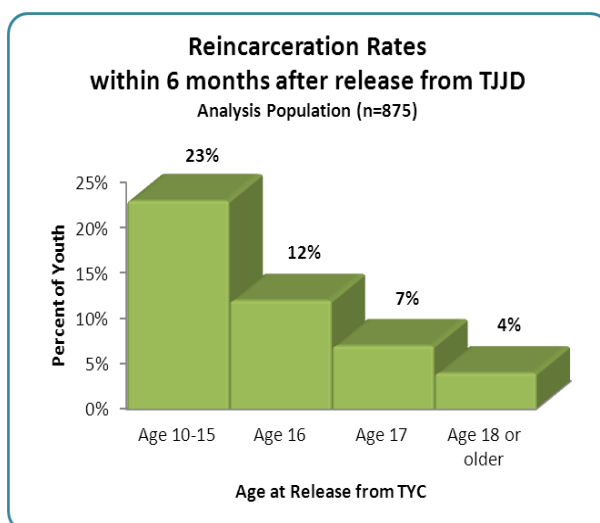
RE-ARREST FOR VIOLENT OFFENSE

An examination for variables related to risk for re-arrest for a violent offense found three of the top predictors to be committing county, gender, and being on probation at the time of commitment to TYC. Dallas and Harris counties had the highest re-arrest rates for violent offenses. [TJJD provides paroles services for these counties and has increased the aftercare services provided to these youth.] The data indicated that 13% of youth committed from Dallas County and 12% from Harris County were re-arrested for a violent offense within six months of release, compared to 1% in Bexar County. Seven percent of males were re-arrested for a violent offense, compared to none of the females in the sample. Eight percent of youth who were on probation during the original committing offense were re-arrested for a violent offense within the first six months after release from TYC, compared to 3% for youth who were not on probation at the time of TYC commitment. Overall, the re-arrest rate for a violent offense was 7%.



RE-INCARCERATION

Top predictors for re-incarceration are identified in the table below and include the age of release from a TYC facility, prior adjudications, and the need for special education services. Twenty three percent of the youth in the analysis population released from TYC between the ages of 10 – 15 were re-incarcerated in a TYC secure facility or TDCJ-ID within one year of release, as compared to 4% of the youth 18 or older. (It should be noted that older youth are less likely to be revoked by TJJD for minor offenses and are more likely to be placed on adult probation.) As with re-arrest for any offense, the number of felony or misdemeanor adjudications prior to TYC commitment was predictive, as was the need for special education services. The total re-incarceration rate was 10%.



The youth characteristics above represent many of the top predictors for each of the three measures of recidivism, but other characteristics found to be significantly related to recidivism include:

- *Severity of Offense* - Youth with low and moderate severity committing offenses comprised 95% of the total commitments in the analysis population and were *more* likely to recidivate than the 5% with a high severity offense.
- *Minimum Length of Stay (MLOS) Assessment Rating* - The MLOS Assessment rating is determined by static factors related to offense history and is used in conjunction with offense severity to determine the youth's length of stay and initial placement. Sixty-two percent of the youth in the analysis population had a medium or high MLOS Assessment Rating and were significantly more likely to recidivate on each of the three recidivism measures.
- *Prior Placements in Residential Settings* - 60% of the analysis population had a prior residential placement. Across all three measures, youth with a prior residential placement showed a higher rate for re-arrest and/or re-incarceration. The commitments for FY 2011 show this population rising in the future.
- *Truancy* - 70% of youth in the analysis population had a history of truancy, and showed a higher rate of re-arrest and re-incarceration across all three measures of recidivism.
- *Reading and Math Scores at Grade Level Upon Intake* - At the time of intake, only 4% and 6% of youth were at grade level for math and reading, respectively. Youth showed a significantly lower rate of re-arrest and/or re-incarceration when they were at or above grade level for reading or math at the time of intake.

OUTCOMES

The effectiveness of the CoNEXTions® strategy, was evaluated by including results from the CoNEXTions® process evaluation, data from the Positive Assessment Change Tool (PACT), and an examination of recidivism data of youth at six months post-release. This section of the report will also examine data from the agency's specialized treatment programs and from the education, medical, and youth services divisions. During FY 2011, TYC placed special emphasis on transition and re-entry services and available data are reviewed.

Unless otherwise noted, the sample population of the FY 2011 Treatment Effectiveness Report consists of 875 youth who entered TYC after the implementation of CoNEXTions® and were released before January 2011. This allows for the review of a pure sample of youth treated under the new rehabilitation strategy with release to the community for a six-month period.

CoNEXTions® Process Evaluation

As outlined in the FY 2010 Treatment Effectiveness report, TYC engaged in a process evaluation of CoNEXTions® to assess the extent to which the program is implemented as designed. Results from the process evaluation indicate that most case management requirements are being met in an acceptable manner, but a continued focus on timeliness of documentation and the fidelity of implementation is important for FY 2012. Highlights from the evaluation are provided below.

- Initial PACT pre-screen and full assessments were completed for 93% of youth at the orientation and assessment units within an average of 32 days, and 100% of youth had these assessments completed at intake or after their initial placement assignments. The required number of reassessments were completed for 77% of youth overall.
- 100% of youth had an initial Multi-Disciplinary Team (MDT) meeting completed at the orientation and assessment units within an average of 24 days. 99.6% of youth had the required number of MDT meetings completed at all other locations, with 70% completed at the desired rate of once per month. 92% of the observed MDT meetings had the youth present. A lower number of MDT's had all required members present.
- At the orientation and assessment units, 100% of youth had case plans completed. At all other placements, the total number of required individual case plans were completed for 76% of youth. Thirty percent were completed in the expected timeframe.
- Skill development and skill application groups are held according to program requirements.

Residential Positive Achievement Change Tool Data

The Residential Positive Achievement Change Tool (R-PACT) is an evidence-based instrument that assesses the criminogenic risk and protective factors of youth from intake to discharge. The R-PACT is based on the empirical findings in the meta-analysis conducted by Gendreau P., French S.A., and A. Taylor (2002), *What Works (What Doesn't Work)*. The analysis found that targeting between two and four criminogenic needs is significant in reducing recidivism. The R-PACT and subsequently, the automated individual case plan, work in conjunction to identify and target these needs. Thus, the mean decrease in risk factors and increase in protective factors is an important measure of treatment effectiveness. Each of the seventeen dynamic domains has risk and protective factors and has been demonstrated by the authors of the instrument to be related to recidivism. Research has demonstrated that effective treatment should decrease risk factors and increase protective factors.

Over time, the agency has been able to utilize data obtained from the R-PACT to assist in agency planning and evaluation, as well as to design individual youth treatment plans. Since many of the youth were not able to be tracked for an entire year, youth were examined at six months post-release. The R-PACT serves as a key interim measure of treatment effectiveness for re-arrest and re-incarceration. By analyzing re-arrest and re-incarceration data related to changes in risk and protective factors, the agency can determine the extent to which interventions are effective. An analysis of this data in the current sample population indicate some positive trends in re-arrest and re-incarceration within six months after release as detailed below.

- **Current attitude and behavior** is measured by the degree to which a youth acts before thinking, believes he or she has control over his or her behavior, demonstrates empathy for others, has respect for the property of others and authority figures, and accepts responsibility for anti-social behavior. The data analysis indicates that 56% of the youth in the sample population decreased their risk factor in this area and were 5% less likely to be re-arrested than those whose risk remained the same. This group was also 6% less likely to be re-incarcerated than those whose risk factor increased. There were 70% of youth who increased their protective factor in this area. They were 7% less likely to be re-incarcerated than those whose protective factor decreased and 3% less likely than those whose protective factor remained the same.
- **Current aggression** measures a youth's tolerance for frustration, interpretation of the intentions and actions of others, belief in appropriateness of using verbal or physical aggression to resolve conflict, and extent of aggressive behavior in the last four weeks. The data show that 50% of youth decreased their risk in this area. These youth were 4% less likely to be re-arrested than those who increased their risk and 2% less likely than those whose risk remained the same.
- **Skills in dealing with others** measures the degree to which a youth displays skills such as listening, starting and having a conversation, making introductions, giving compliments,

asking for help, apologizing, and convincing others without manipulation. The 57% who increased their protective factor in this area were 6% less likely to be re-incarcerated than those who decreased their protective factor.

- **Alcohol and other drugs** measures a youth's attitude toward alcohol and drug use, types of interventions received for past alcohol and drug use, and current use of alcohol and drugs. The data show that 60% of youth in the sample increased their protective factor in this area and that these youth were 2% less likely to be re-arrested for a violent offense than those who decreased their protective factor and 1% less likely than those whose protective factor remained the same. This group was also 13% less likely to be re-incarcerated than those who decreased their protective factor. The 37% who decreased their risk factor in this area were 8% less likely to be re-incarcerated than those whose risk factor increased and 1% less likely than those whose risk factor remained the same.
- **Current mental health** measures a youth's incidents of suicidal ideation in the last four weeks, mental health diagnoses, types of mental health treatment received, compliance with psychotropic medications, and the extent to which mental health problems interfere with the ability to work with the youth. 36% of the sample population increased their protective factor in this area. These youth were 8% less likely to be re-incarcerated than those who decreased their protective factor and 2% less likely than those whose protective factor remained the same. Youth who decreased their risk factor in this area were 11% less likely to be re-arrested for a violent offense than those who increased their risk and 7% less likely than those whose risk remained the same.

Six Month Recidivism Results

Youth data were analyzed for re-offense at six months post-release. This approach allowed for the data to be based on the desired sample population described above. The recidivism measures examined were those used in previous years and include the rate at which youth were re-arrested for a felony or misdemeanor offense (re-arrest for any offense), the rate at which youth were re-arrested for a violent offense (re-arrest for violent offense), and the rate at which youth were re-incarcerated (re-incarceration). These data are important because they tell us not only what percentages of youth remain in the community post-release, but which factors may contribute to a youth's success in the community.

Specialized Treatment

As part of CoNEXTions[®], data related to specialized interventions were analyzed to examine their potential effectiveness. While all youth committed to the agency receive certain interventions and programming such as individualized case planning and multi-disciplinary treatment staffings, each youth is also assessed at intake for specialized treatment programming. Programs include the Mental Health Treatment Program (MHTP), Sexual Behavior Treatment Program (SBTP), Capital and Serious Violent Offender Treatment Program

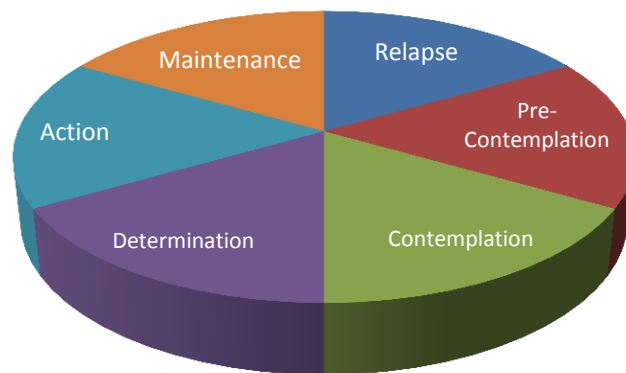
(C&SVOTP), and the Alcohol and Other Drug Treatment (AOD) Program. Gender-specific programming for females is also provided and this data is also reviewed in this report.

MENTAL HEALTH TREATMENT PROGRAM (MHTP)

During FY 2011, TYC saw an increasing number of youth adjudicated with primary or concurrent mental health treatment needs. An estimated 45% of the youth committed to TYC in FY 2011 had a serious mental health diagnosis, while an estimated 34% of youth entered with a known history of abuse or neglect. In the identified population sample, 225 of the 875 youth received either high or moderate intensity mental health treatment.

While the data analyzed do not show statistically significant differences in the recidivism rates for youth who received or completed the MHTPs alone, the data do show differences between the predicted and actual mean differences on measures of recidivism in the desired direction. One interesting finding in this year's report is the effectiveness of the combination of the high intensity MHTP with individual counseling from psychology staff (usually in the form of individualized trauma services such as Trauma-Focused Cognitive Behavioral Therapy) or Alcohol and Other Drug Treatment.

Data reveal that the 38 youth in the sample who received high intensity mental health treatment combined with moderate intensity individual psychological services reoffended at a significantly lower rate on all three measures of recidivism than did youth who participated in only one program. The same holds true for the 92 youth who entered an MHTP and received either high or moderate intensity AOD treatment. The data indicate that the expected re-arrest rate for this group was 35%, while the actual re-arrest rate was 29.3% (significant at $p=.06$). In this particular sample population, 32% of the youth were identified with multiple specialized treatment needs. When special education needs are included, this number increases to 49%. In essence, what the data tell us is that youth are more successful in their communities when they have the opportunity to receive more than one kind of treatment.



Source: Prochaska, J.O., & DiClemente, C.C. (1982). Transtheoretical Therapy: Toward a More Integrative Model of Change. Psychotherapy: Theory, Research and Practice, 19 (3), 276-288.

TJJD continually strives to find ways to serve these youth in the least restrictive setting, most cost efficient manner, and shortest amount of time. However, research consistently shows that providing the appropriate intensity and duration of treatment is an essential ingredient for

success. Assessing and enhancing a youth's readiness for change and internal motivation are also critical factors in the provision of effective treatment.

One promising development for TJJD in the area of mental health treatment for FY 2012 is the expansion of Trauma-Focused Cognitive Behavioral Therapy (TF-CBT), which is a moderate intensity MHTP service. Last year, TYC formed a partnership with the University of Texas School of Social Work and a developer of TF-CBT and received a grant from the National Institute of Mental Health. Trauma-Focused Cognitive Behavior Therapy is recognized by multiple organizations as an Exemplary and Evidence-Based Practice. This grant will allow for the expansion, modification, and study of TF-CBT in correctional settings in the upcoming years. TJJD is confident that this treatment modality and partnership will greatly benefit not only the youth we serve, but also youth across the nation in correctional settings.

SEXUAL BEHAVIOR TREATMENT PROGRAM (SBTP)

Data indicate that of the 875 youth in the sample, 29 youth (3%) were identified with a need for either high or moderate intensity treatment. Every youth with an identified need received the service.

Due to the extremely small sample size, the identified population for study was expanded to a five year sample population. The table below describes the significant findings for the re-arrest rates for any offense. The data reveal that youth who engage in treatment as prescribed and successfully complete the residential or moderate intensity program are re-arrested at a rate that is less than expected.

REARREST-FELONY OR MISDEMEANOR	PREDICTED	ACTUAL	REDUCTION
Complete High SBTP	15.1%	11.3%	3.8%
Complete Moderate SBTP	17.1%	13.3%	4.8%
Complete Either SBTP	15.7%	12.4%	3.3%
Complete Both	16.9%	9.1%	7.8%

The second recidivism variable examined was re-arrest for a violent offense. The data again show that youth who completed the moderate intensity programs are significantly less likely ($p=.05$) to be re-arrested than youth who do not complete. Youth who enter the moderate intensity program but do not successfully complete the program recidivate at a rate that is higher than expected. This is an especially important set of data because of the impact on youth who may come to the agency with a deferred registration status. These youth are not required to register as sex offenders if they successfully complete the program. TJJD is aware of the mandate to not only treat youth, but also to protect communities. These data indicate that the agency's SBTPs, if adhered to, produce youth who are safer in their communities. Further examination to determine the differences between youth who successfully complete the programs and those who do not may be beneficial. Nevertheless, it is clear that youth who engage in the SBTP program as it is designed, master treatment objectives, and complete the program, present with greater success than those who do not.

REARREST FOR A VIOLENT OFFENSE	PREDICTED	ACTUAL	REDUCTION
Complete High SBTP	2.2%	1.7%	0.5%
Complete Moderate SBTP	2.1%	1.2%	0.9%
Complete Either SBTP	2.1%	1.7%	0.4%
Complete Both	2.8%	0.0%	2.8%

Similar results were found for re-incarceration. The data demonstrate that youth who successfully completed either program (depending on assessed need), recidivated at a much lower rate than was predicted (see table below).

REINCARCERATION	PREDICTED	ACTUAL	REDUCTION
Complete High SBTP	3.8%	2.7%	1.1%
Complete Moderate SBTP	4.1%	0.6%	3.5%
Complete Either SBTP	3.9%	2.2%	1.7%
Complete Both	4.0%	0.0%	4.0%

CAPITAL AND SERIOUS VIOLENT OFFENDER TREATMENT PROGRAMS (C&SVOTP)

Data indicate that of the 875 youth in the sample, approximately 11% received this service. TYC had historically operated the well-known high intensity C&SVOTP program for males and females adjudicated for the most serious crimes, such as capital murder. In FY 2010, TYC began to offer the empirically supported program Aggression Replacement Training® (ART®) for youth with violent crimes whose needs did not rise to the level of high intensity C&SVOTP. The data analyzed are shown in the table below.

REARREST-FELONY OR MISDEMEANOR	PREDICTED	ACTUAL	REDUCTION
Entered Intensive C&SVOTP	20.5%	13.3%	7.2%
Entered Moderate C&SVOTP (ART®)	28.5%	31.1%	-2.6%
Entered Either C&SVOTP	24.2%	21.5%	2.7%
Entered Both C&SVOTP	5.4%	0.0%	5.4%
REARREST FOR A VIOLENT OFFENSE			
Entered Intensive C&SVOTP	2.2%	0.0%	2.2%
Entered Moderate C&SVOTP (ART®)	5.5%	9.5%	-4.0%
Entered Either C&SVOTP	3.6%	4.3%	-0.7%
Entered Both C&SVOTP	13.5%	0.0%	13.5%
REINCARCERATED			
Entered Intensive C&SVOTP	2.9%	2.2%	0.7%
Entered Moderate C&SVOTP (ART®)	9.2%	8.1%	1.1%
Entered Either C&SVOTP	5.8%	4.9%	0.9%
Entered Both C&SVOTP	5.0%	0.0%	5.0%

The data offer continued strong support for the high intensity C&SVOTP program and indicate promise for ART®. While the ART® program is not yet fully demonstrating what the agency sees as the maximum potential, it is believed that continued experience on the part of the providers, combined with faithful program implementation, will demonstrate improved results in the years ahead.

Data show that youth who enter the high intensity C&SVOTP program can be a very different group from the youth in the ART® program (moderate intensity). Youth in the high intensity service group tend to be those who have few, or even one, very serious offense. These youth often are adjudicated without multiple prior referrals and adjudications. Youth in the moderate group may be perceived to have a less violent offense but may demonstrate more chronic and persistent negative behavioral patterns. Data from the sample support the notion that youth with lower levels of aggression but greater chronicity are harder to treat and statistically more likely to recidivate. One hypothesis for further study is to examine whether or not youth enrolled in the ART® program benefit from additional specialized services such as AOD, MHTP, or trauma-related services, as youth with chronic behavioral problems tend to have multiple concurrent needs.

The goal of ART® is to reduce aggression and violence among youth by providing opportunities to learn skills to manage and control impulsiveness and anger by choosing more appropriate pro-social behaviors. The group setting serves as a vehicle for practicing skills and challenging antisocial thinking.

While overall recidivism rates have not yet achieved the desired level, interim measures support the program's potential. Current agency research found that youth completing ART® had a 28.7% reduction in security unit referrals and a 21.96% reduction in security unit admissions. Youth participating in the ART® program significantly increased protective factors related to aggression on the R-PACT and decreased risk related to current relationships and school/academics. These data show that youth who attend ART® demonstrate significant overall improvements in reducing aggressive behavior while in agency facilities. One area of focus for the program in the future should be to assist youth in maintaining these benefits and translating the skills learned upon return to their community.

ALCOHOL AND OTHER DRUG TREATMENT PROGRAMS (AOD)

Of the 875 sampled youth, 473 (53%) were identified as having significant problems with drugs or alcohol. Of those, 188 (21%) were diagnosed as having problems with three or more illegal drugs, which could include alcohol.

REARREST-FELONY OR MISDEMEANOR	PREDICTED	ACTUAL	REDUCTION
Entered Intensive AOD	41.3%	37.9%	3.4%
Entered Moderate AOD	40.7%	33.8%	6.9%
Entered Either AOD	41.4%	37.1%	4.3%
Entered Both AOD	38.3%	33.3%	5.0%

REARREST FOR A VIOLENT OFFENSE	PREDICTED	ACTUAL	REDUCTION
Entered Intensive AOD	7.0%	3.7%	3.3%
Entered Moderate AOD	6.9%	8.1%	-1.2%
Entered Either AOD	7.0%	5.5%	1.5%
Entered Both AOD	6.7%	2.4%	4.3%
REINCARCERATED			
Entered Intensive AOD	9.6%	10.8%	-1.2%
Entered Moderate AOD	11.4%	14.0%	-2.6%
Entered Either AOD	10.0%	10.7%	-0.7%
Entered Both AOD	11.4%	22.0%	-10.6%

The data analyzed are shown in the table above. Results indicate that youth entering either the high or moderate intensity AOD treatment programs are less likely to be re-arrested for a felony, misdemeanor, or violent offense.

As an interim measure of treatment effectiveness, the “Current Alcohol and Drugs” domain on the R-PACT was examined and showed that youth who increased their protective factors in this area significantly decreased their risk for re-arrest and re-incarceration within six months after release ($p < .02$ and $p < .01$, respectively). As the risk factors in this area increase, the likelihood of re-incarceration significantly increases ($p < .0001$).

Of the 142 youth that were enrolled in moderate intensity AOD treatment, 66% had not been re-arrested within six months after release. Youth enrolled in these programs demonstrated significant improvement in protective factors for attitudes/beliefs toward the use of alcohol or drugs ($p = .003$), current aggression level ($p = .003$), and current attitudes and behavior ($p = .04$).

Youth requiring moderate AOD services are a complex group and often present with multiple needs at varying levels of intensity. For example, 59% of the youth in this sample also received other specialized treatment services.

FEMALE OFFENDER PROGRAM

Of the 875 youth in the analysis, 70 (8%) are female. Because of the small sample size, statistically significant results were not obtained. However, the data yielded some noteworthy findings. For example, 8.8% of the female youth who received neither mental health treatment nor AOD treatment were re-incarcerated. However, females who received AOD treatment were reincarcerated at a rate of 6.3%. And for females who received only mental health treatment or mental health and AOD treatment, none were re-incarcerated.

It is also noteworthy that for the second consecutive year, the females in the analysis group did not have any re-arrest for a violent offense. While it is generally accepted that males tend to be more violent than females, the data indicate that additional investigation may be warranted regarding the possible correlations between treatment interventions and recidivism for a violent offense.

6-MONTH RECIDIVISM RATES FOR FEMALES BY AOD AND MH TREATMENT					
ENTERED AOD TREATMENT	ENTERED MH TREATMENT	Count	Percent		
			REARREST	REARRESTED VIOLENT OFFENSE	REINCARCERATED
NO	NO	34	8.8	0	8.8
	YES	14	14.3	0	0
	ALL	48	10.4	0	6.3
YES	NO	16	12.5	0	6.3
	YES	6	0	0	0
	ALL	22	9.1	0	4.5
All	NO	50	10	0	8
	YES	20	10	0	0
	ALL	70	10	0	5.7

Other Data

As described throughout this report, TJJD embraces the notion of an integrated treatment model provided through a whole-child approach. As a result, it is important to conceptualize treatment as any service which touches the lives of youth. This includes education, medical, volunteer and youth mentorship programs, and transition and re-entry services. Relevant data are provided below.

Education Outcomes

The education measures below reflect performance for FY 2011. Included are four agency performance measures, a school attendance measure, and a measure for post-secondary success rates in college courses. Data reflect the performance of all students enrolled during the period.

- *Diploma or GED Rate* - 38.72% percent of youth age 16 or older earned a high school diploma or GED within 90 days of release from a TYC institution. The percentage increased from 34.9% in FY 2010.
- *Reading at Grade Level at Release* - 14.61% percent of youth were reading at grade level at the time of their release. The percentage increased from 12.70% in FY 2010.
- *Reading Gain per Month of Instruction* - 58.85% percent of youth gained at least an average of one month's reading skills per month of instruction. The percentage increased from 58.39% in FY 2010.

- *Math Gain per Month of Instruction* - 51.51% percent of youth gained at least an average of one month's math skills per month of instruction. The percentage decreased from 51.88% in FY 2010.
- *Industrial Certification Rate* - Industrial certifications mark the strongest area of educational/vocational improvement in FY 2011. During the year, 704 industrial certifications were earned by the 1775 youth enrolled in career technology courses. This compares to 578 industrial certifications awarded in FY 2010 with 2107 youth enrolled in career technology courses.
- *Average Daily Attendance Rate* - 98.9% of enrolled youth attended school daily, as measured by protocols approved by the Texas Education Agency for student attendance accounting. The percentage increased from 98.6% in FY 2010.
- *College Course Enrollments and Course Completions (Passed)* - During the 2010-11 school year, 89 students completed college courses for dual high school credit or straight college credit. The 89 students completed a total of 133 college courses. The closure of three facilities disrupted completion of college courses for some students during the summer session.

Medical Services

An area of significant achievement in FY 2011 was in the reduction of poly-pharmacy treatment of mental health issues. A committee formed to evaluate commonly prescribed medications for youth has continued to develop and monitor a formulary compliant with FDA standards and consistent with national guidelines for the treatment of adolescent youth. This endeavor has resulted in a reduction in the use of antipsychotic medication for treating non-specific symptoms, resulting in consistent and safer medication practices and increased cost efficiency.

As part of the effort to increase family involvement in health care delivery, an average of 250 parent letters were sent per month in FY 2011 to educate families on issues related to various psychotropic medications. This helps them to understand the benefits and potential risks of medication prescribed for their youth. It has resulted in better communication and partnership with families.

Through the use of electronic medical records accessible by psychiatry and psychology practitioners and incorporation of psychological and psychiatric documentation, all mental health services provided to youth in TJJD facilities have been integrated. This integration allows for better coordination and enhanced communication between psychiatry and medical services.

Mentor Program

Volunteer mentors continue to make a significant impact on the rehabilitation of youth in the agency's care. Seventeen percent of non-mentored youth released from TYC read at grade

level, compared to 20.2% of youth who were mentored for six months or more. Data also show that 42.2% of non-mentored youth obtain their GED or high school diploma within 90 days of release from a secure facility, compared to 48.7% of youth who were mentored for six months or more.

The Mentoring Program has demonstrated improvements in recidivism measures for re-arrest and re-incarceration. In FY 2011, 51.9% of the non-mentored youth were re-arrested within one year after release, compared to 40% of the youth who were mentored for 181 days or more. The five-year sample population of youth indicates that 41.9% of the non-mentored youth are re-incarcerated within 3 years, compared to only 32.2% of youth who were mentored for 181 days or more.

GitRedy and CARE Projects

As described in the program focus section of this report, the GitRedy and CARE projects were designed to enhance support for youth re-entry into their communities. Because the programs are still in the early stages of development and implementation, definitive outcome data is not available, but preliminary results are promising. Below are two youth profiles which are typical of the youth receiving services in these programs.

GANG INTERVENTION: RE-ENTRY DEVELOPMENT FOR YOUTH (GitRedy):

Youth S. E.

Background

Youth S.E. was committed to TYC at age 14 for deadly conduct. S.E. endured childhood neglect under his biological mother's care and physical and emotional abuse by his brother. Records indicate he had more than seven expulsions from school and has been diagnosed with major depressive disorder and attention deficit hyperactivity disorder (ADHD). S.E. had a history of gang affiliation. The PACT indicated that S.E.'s level of risk to re-offend is high.

Interventions

When S.E. transitioned into the community, he was referred to a TYC gang-intervention program funded by the Office of Juvenile Justice and Delinquency Prevention called Gang Intervention: Re-entry Development for Youth (GitRedy). Specifically, S.E. was referred to GitRedy's intensive therapeutic case management (ITCM) service where he met with a case manager frequently during the initial period after release. S.E. received mentoring from an assigned youth advocate and completed Aggression Replacement Training® (ART®). These services provided him new tools to curb aggressive behavior, which was a significant risk factor for him. Earlier in his parole, S.E. had an incident at school where he cursed at a teacher and threatened a student. He was suspended and sent to an alternative program. During his ART® sessions, S.E. was encouraged to process the incident and develop alternatives to his reaction. He completed the alternative school's behavior program within 30 days. With the skills obtained in ART® sessions, S.E. had no incidents for his remaining five months on parole status. He also worked with a grant-funded gang intervention specialist based in the Houston District Office. To further support S.E. in his re-entry, GitRedy funding provided him a birth certificate, and with this he was able to obtain a state identification card through the ITCM provider.

Current Status

S.E.'s parole officer reports that S.E. is demonstrating great success in the community. He completed all assigned hours of community service. He currently attends high school with a 2.0 GPA. His attendance is regular and consistent. He plans to obtain his high school diploma and attend a four-year university. S.E. was successful in his job at a local hardware store while on a probationary period and was offered an extension of employment after he completed ITCM. This year S.E. was honored at the Houston District Office annual educational banquet because of his outstanding performance.

Feedback from TJJD Staff

"I noticed an amazing change in S.E. during this participation in the GIT-REDY program. When I first met S.E., he wore all dark colors, black fingernails, and make-up as a representation of his gang. However, as he participated in the ITCM program, he stopped wearing the make-up, fingernail polish, and dark clothing. With the help of his ITCM advocate, he obtained employment at a local hardware store." - Parole Officer

"S.E. expressed to me that he used the ART skills with his girlfriend and they actually work. Instead of having an outburst or episode when he broke up with his girlfriend, he discussed it with his ITCM advocate and did it in an appropriate manner." - Parole Officer

CHILDRENS' AFTERCARE RE-ENTRY EXPERIENCE (C.A.R.E.) Youth E.F.



Background

E.F. was committed to TYC for violation of probation for burglary of a habitation. He has had 15 referrals to the juvenile justice system with a total of five adjudications. He has a history of gang involvement as well as heavy use of marijuana. E.F.'s home environment has been described as chaotic and lacking in discipline. His father's whereabouts are unknown. He lives with his mother and stepfather, and there is tension within the home due to the stepfather's heavy drinking and aggressive behavior toward E.F.

Interventions

E.F. had an initial placement risk of low. While he had no need for mental health treatment, he did present with a need for anger management treatment and moderate Alcohol or Other Drug treatment. He was placed at Ron Jackson Unit II and later transitioned to Ayres House to be closer to his family.

As E.F. transitioned from TYC to the community, his parole officer referred E.F. to a grant-funded program called Children's Aftercare Re-entry Experience (C.A.R.E.) for one-stop transition supports and services to ensure re-entry success. This grant program is funded by the Department of Labor and exists as a partnership between Baptist Children's Family Services (BCFS), Bexar County Juvenile Probation, and Texas Juvenile Justice Department (TJJD).

Through C.A.R.E., E.F. regularly attends GED preparation classes at the Transition Center. He has received intensive case management, counseling, life skills training, mentoring, and employment

support through the program. Through BCFS, he receives substance abuse counseling through a Substance Abuse Mental Health Services Administration (SAMHSA) grant-funded program.

The C.A.R.E. case manager and TJJD parole officer both make a number of home visits to engage the family. TJJD provides monthly bus passes to help him with transportation, although sometimes he likes to ride his bicycle. He has completed the independent living skills modules and receives independent living subsidies to assist with necessary living expenses.

During his time on parole, E.F. discovered his love for boxing and uses it for fitness as well as stress reduction. This has been a very effective tool and positive activity for his leisure time—a significant protective factor.

Current Status

E.F. is progressing well toward discharge from parole. He is under a great deal of stress after having experienced violence in his home but he is hopeful that the offender will remain incarcerated. This was traumatic for him, and he is concerned for his safety if the stepfather should be released. Should this not happen, he plans to live with his grandmother. He remains drug-free and has completed substance abuse counseling. He spends a lot of time at the C.A.R.E. transition facility, which provides a safe place for him to focus on his goals as well as to enjoy the support from staff who have become like a second family.

Feedback from TJJD Staff

"I think what made the difference with E.F. is he saw all of us come together to help him—through Circles of Support. When we saw him spiraling down, we came together, reviewed his risk factors, and asked him what he needed from us. I think that helped a lot. We came together to get him back on the right path. That is when he opened up to us and trusted us—because he saw we truly wanted him to be successful." Parole Officer

"He told me he is always thinking about a quote from the movie Rocky. 'It isn't how many times you get knocked down; it's how many time you get back up.'The point at which we saw him make a big change was when he started boxing again. When he did that, he had a noticeable change—keeping calm and getting focused. He is doing great!" C.A.R.E. Case Manager

"I truly believe C.A.R.E. staff really care about me. They pick me up and take me to my GED prep classes. They go the distance for you. They really show they want me to be successful. I also really like my parole officer." Youth E.F.

The case study experiences shared in this report demonstrate the importance of incorporating the eight evidence-based effective interventions listed in the literature review into the treatment and re-entry processes. The examples provided showcase several of the efforts TYC focused on during FY 2011.

CONCLUSIONS & POLICY IMPLICATIONS

The intensive reform efforts of the past five years remain a high priority for the agency. Texas continues to make strides in ensuring that TJJD is the exemplar of national best practices. As described in the literature review and summarized below, the eight principles of evidence-based practices provide the philosophical underpinnings of national best practices as well as the focus of TJJD's programming.

Given the extensive needs of youth committed to TJJD, the agency adheres to an integrated treatment model in which the whole youth is treated, including both mental and physical well-being. TJJD provides a thoughtful, intentional, and integrated treatment program for a complex, dynamic child with multiple needs based on the eight principles of evidence-based practices. To that end, the agency expanded its treatment modalities and opportunities for all youth during 2011. Providing for the individualized treatment needs of youth often requires innovation, creativity, and a willingness to do business in a new way. Based on the wealth of information detailed in this report, the following initiatives for FY 2012 are underway:

1) Focus on measuring relevant processes and providing measurement feedback to improve fidelity of program implementation.

- *PACT Fidelity Project*

Recidivism data regarding changes in dynamic risk and protective factors as measured with the Positive Achievement Change Tool (PACT) indicate clearly that reductions in a youth's risk factors and corresponding increases in protective factors are directly related to lower recidivism rates. Given this evidence, one of the clear areas of focus for the agency is increasing the reliability of PACT assessment data and therefore enhancing the efficacy of treatment and rehabilitation efforts driven by PACT results. To help accomplish this goal, TJJD will implement a PACT fidelity project in FY 2012 that is designed to determine how consistently each staff completing a PACT assessment is rating each domain according to the definitions and guidelines determined by the agency. This project is divided into three distinct parts: 1) obtain and analyze baseline inter-rater reliability data; 2) train supervisors to become effective facility coaches and leaders for constant PACT assessment improvement; and 3) re-measure and analyze inter-rater reliability data. Completion of the project will provide detailed data about the accuracy of rating for each individual person completing the PACT, by facility, and within particular domains. The project has been designed to allow TJJD to analyze in detail the strengths and weaknesses of current PACT assessments, to set specific goals for improvement in the next year, and to develop sustainability teams at each facility that are accountable for meeting the improvement goals.

- *Continue to monitor the implementation of ART® to ensure fidelity to the model. Identify, develop, and implement mechanisms to assist youth in maintaining these benefits and using the skills they learned when they return to their communities.*

While TJJD's analyses indicate that ART® participants experienced meaningful and significant positive outcomes related to security unit referrals, security unit admissions, increases in protective factors, and decreases in risk factors, overall recidivism rates have not yet reached the desired levels. Like all evidence-based models, the quality with which ART is implemented is as important a factor as the model itself. Research indicates model fidelity is critical to obtaining comparable recidivism rates (Barnoski, 2002). Key factors such as creating a fit for the model within the structure in which it is delivered, quality training, ongoing monitoring of fidelity to the model, and fostering competence in matching the model to the identified population are all important elements in "getting it right."

- *Review the prescribed timeframes to determine the most effective use of case planning activities and identify how to improve the usefulness of the individual case plans for youth and family use.*

The CoNEXTions® process evaluation demonstrated that initial case planning activities were completed within the expected guidelines, but monthly case planning activities often did not meet requirements. To ensure case planning activities are meeting the needs of youth, families, and staff, the agency will review the expectations related to required timeframes and the information provided to youth and families.

- *Design, develop, and implement ways of tracking family engagement throughout the agency's continuum of care and review the impact on youth outcome measures.*

While the agency has expanded efforts to increase family engagement and active participation in the rehabilitation of their children, the agency currently has no systematic documentation of family involvement or engagement in youth programs. With this year's introduction of contracts for evidence-based family reunification programs in Dallas County, Harris County, and in the Rio Grande Valley, it becomes even more imperative that a systematic and automated means of collecting relevant data is developed and analyses are completed to inform treatment efforts and program planning.

- *Using independent and objective methods, determine whether youths' needs are being met and whether sufficient resources are available.*

The agency's Internal Audit Department is conducting an audit of TJJD's treatment services to determine if youths' identified treatment needs are being met, if sufficient resources are available to meet program requirements, and if family involvement is adequately identified and used in the rehabilitation process. The agency is committed to providing the Internal Audit Department comprehensive, accurate, and timely responses to findings and audit recommendations and will use this audit to improve the services being provided to youth.

- *Enhance program fidelity of Response to Intervention and Positive Behavioral Interventions and Supports.*

A priority for the Education Division during FY 2012 will be to strengthen the RtI model at TJJD schools and monitor the PBIS system for implementation fidelity. Part of this effort will involve customization of a database to track multiple data needs efficiently. The intent is to preserve limited instructional time for teachers by combining multiple data tracking needs into one database, thereby saving time from opening and closing multiple applications.

2) *Continue to increase targeted interventions.*

- *Target the levels and locations of services to meet youth needs.*

Youth appear to be more successful in their communities when they have the opportunity to receive treatment specifically targeted to areas of identified need. While a youth's readiness for change and internal motivation are also important factors in the provision of effective treatment, TJJD will continue to adhere to the Risk-Need-Responsivity principle and will provide services to youth in the appropriate setting, dose, and frequency.

- *Identify factors which affect the youth's likelihood of completing treatment.*

Data support the positive effects on all three recidivism measures of completing the SBTP program. However, to increase the likelihood of youth success, the agency should delve deeper to determine the differences between youth who complete SBTP successfully and those who do not and then determine methods to increase the likelihood of a youth's successful completion.

- *Increase staff development to deliver targeted interventions.*

The agency will continue to enhance staff training and implementation in stages of change, intrinsic motivation, motivational interviewing techniques, RtI, and behavior management strategies which focus on prioritizing positive reinforcement strategies. An important aspect for further development of RtI and PBIS will be enhanced secondary interventions targeted to relatively small groups of youth who fail to respond to universal level interventions.

3) *Implement initiatives to enhance supports in natural communities.*

- *Increase mentoring efforts.*

A recent report (DuBois et al, 2011) reviewed over 70 existing evaluations of mentoring programs and confirmed that mentoring programs do confer many benefits. In general, mentoring programs seem to improve youth outcomes across behavioral, social, emotional, and academic domains, and they can help improve outcomes in several of these areas at the same time. Their research also suggested that it is never too late to establish an effective mentoring relationship, as mentoring programs seem to make a difference for youth of all ages. DuBois argues that these results "speak to the universal

importance of caring relationships for us as social animals, whatever our age." TJJD's analyses support the positive effects of mentoring on youth outcomes. The agency will continue to increase efforts to recruit, train, and retain mentors for youth.

- *Implement family reunification initiatives.*

Most youth committed to TJJD will return to their families. To increase the success of this reunion, the agency has recently contracted for evidence-based family reunification services in Harris County, Dallas County, and Hidalgo County. These providers deliver comprehensive home-based intervention services to families who have youth transitioning home after completing treatment in a TJJD facility. The services feature intensive case management and support through a network of community resources. The services also utilize a family engagement model which includes one of three evidence-based practices of cognitive behavioral therapy and specific curriculum for parenting programs such as Parenting with Love and Limits, Nurturing Parenting Programs, and Systematic Training for Effective Parenting. The agency will carefully monitor these new contracts for adherence to programming expectations and commitment to the provision of quality programming.

- *Enhance continuity of care and re-entry planning.*

The agency has made substantial progress in implementing a model of rehabilitation which supports an integrated, strengths-based treatment approach. However, improvements are still within reach. The agency's next step is to enhance and maintain a comprehensive, child-centered, family-focused, culturally competent continuum of care which prioritizes team planning across the treatment points (intake, permanent placement, step-down, parole services) and decreases the artificial reliance on a system of cooperative hand-offs from one service worker to another. To that end, the agency will develop effective ways to increase the participation of the youth's parole officer in the youth's team planning.

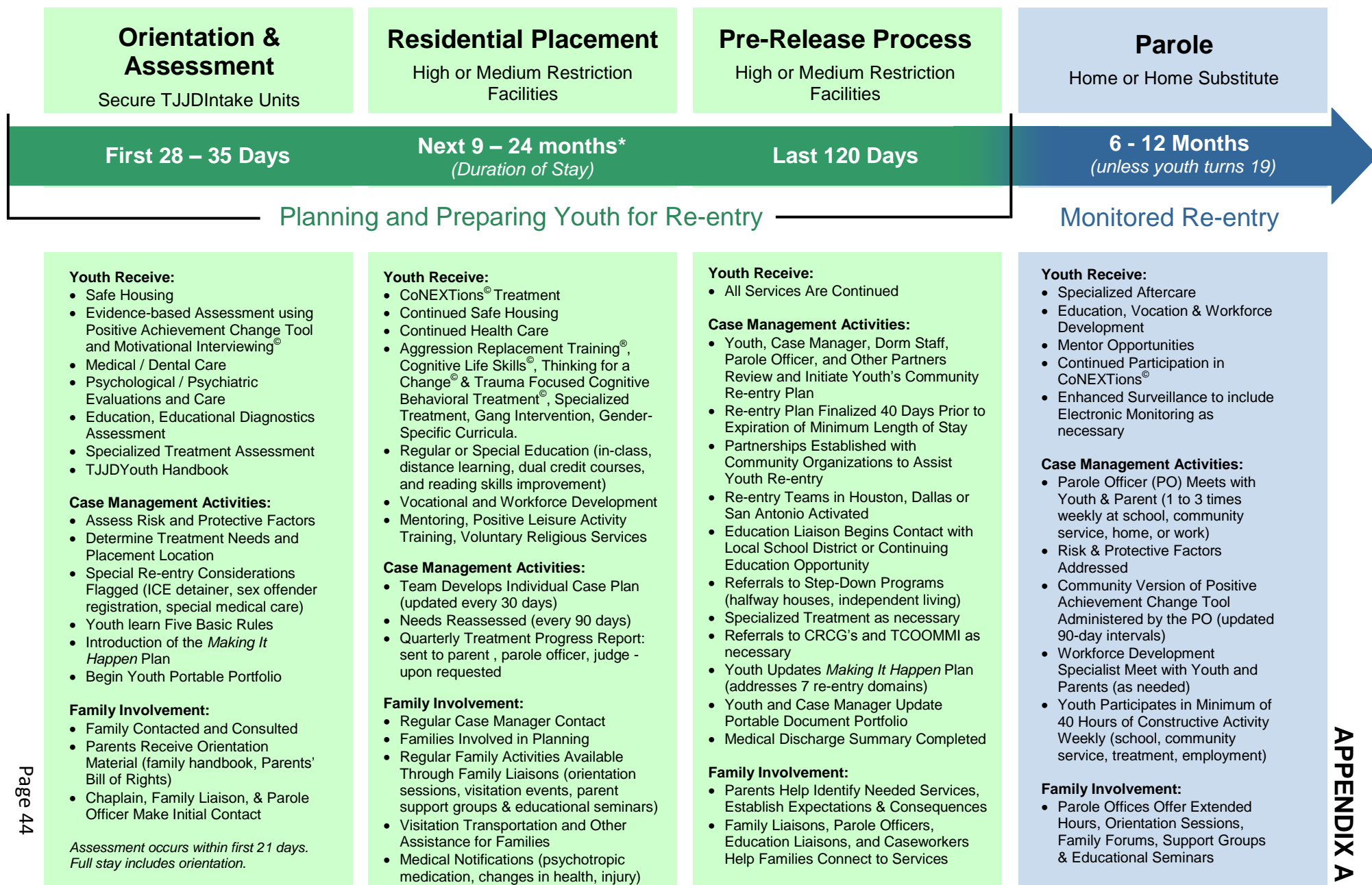
- *Develop partnerships with local school districts to identify mechanisms for successful transition to local schools.*

One issue related to special education merits further investigation and consideration by state leaders and policy makers. Eligibility for special education services ranks as a top three predictor for future re-incarceration. This finding raises troubling questions about the supports available to youth eligible for special education services once they leave an institutional setting. The school to prison pipeline runs in two directions for many youth who are placed back into Disciplinary Alternative Education Programs (DAEPs) after release as they transition back to community-based school. If appropriate supports are unavailable to help such youth achieve success, the community incurs higher risks of future offenses with concomitant increased human and fiscal costs associated with re-incarceration. TJJD employs education re-entry liaisons at each facility to assist youth as they transition home. TJJD will work to establish a dialog with local probation departments and school districts to explore additional support mechanisms for students with disabilities.

In summary, data from this report indicate the agency's treatment is largely having positive outcomes for youth while maintaining public safety. In a few specific analyses, the treatment is promising to be effective, contingent upon continued improvements in implementation and fidelity to the model. The agency remains committed to improving the quality of services provided to youth. This report provides a solid foundation of research and a rich data set available to continue to assess youth outcomes, enhance services, evaluate program effectiveness, and drive decision-making in the upcoming year.

A P P E N D I C E S

THE RE-ENTRY & REINTEGRATION OF TJJD YOUTH



*Typical Minimum Length of Stay (MLOS) based on calculations for indeterminate sentenced youth. Some sentenced offenders may be required to serve a longer Minimum Period of Confinement (MPC).

Specialized Treatment/Special Education by Type

APPENDIX B

TREATMENT NEEDS		SPECIAL EDUCATION NEED						All		
		NO			YES					
		SERIOUS VIOLENT OR SEXUAL BEHAVIOR NEED		All	SERIOUS VIOLENT OR SEXUAL BEHAVIOR NEED		All	SERIOUS VIOLENT OR SEXUAL BEHAVIOR NEED		All
		NO	YES		NO	YES		NO	YES	
		N	N	N	N	N	N	N	N	N
ALCOHOL AND OTHER DRUG NEED	MENTAL HEALH NEED	99	10	109	31	11	42	130	21	151
NO	NO									
	YES	43	6	49	44	4	48	87	10	97
	All	142	16	158	75	15	90	217	31	248
YES	MENTAL HEALH NEED	265	29	294	92	14	106	357	43	400
	NO									
	YES	114	18	132	80	15	95	194	33	227
	All	379	47	426	172	29	201	551	76	627
All	MENTAL HEALH NEED	364	39	403	123	25	148	487	64	551
	NO									
	YES	157	24	181	124	19	143	281	43	324
	All	521	63	584	247	44	291	768	107	875

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